

# INDIGENOUS MEDICAL ACCESS PATHWAY PROGRAM

## PERSONAL STATEMENT FORM

### IMPORTANT INFORMATION

Submit completed form with your online ApplyUSC application, which can be accessed via the [Application forms webpage](#).

### 1.0 PERSONAL STATEMENT

Please provide a personal statement that addresses the following questions:

Why do you want to become a doctor? (100 word maximum)

How will this enable you to contribute to your community? (150 word maximum)

Which three personal characteristics do you believe will help you become a good doctor? Please give an example of how you have used this in the past. (250 word maximum)

### 2.0 DECLARATION

I declare that the information provided above is true and correct and complete. I understand that if I knowingly make any false or misleading statements, my application may be withdrawn.

Applicant First name: \_\_\_\_\_ Applicant Family/Last name: \_\_\_\_\_

Applicant signature: (e-signatures acceptable)	Date: DD / MM / YYYY
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